

November 1991

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your feet*

# Clinical Center News

## CC Passes JCAHO Review With High Marks

By Jan Lipkin

October marked more than just the new fiscal year for the Clinical Center. Early last month, the Clinical Center submitted to an intensive survey by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), which is required every three years for hospital accreditation.

"Not only did we pass the review, we did so with no contingencies. This is something that only 6 percent of hospitals applying for accreditation achieve," said Executive Officer Raymond Becich.

Most surveys turn up various flaws and the JCAHO will recommend accreditation contingent upon resolving the problems and sometimes a follow-up visit.

"We're measured against a baseline set of standards that is revised by JCAHO yearly," explained Becich. The JCAHO review team also inspects the physical plant and evaluates fire safety, disaster plans, and handling of hazardous materials and wastes.

"Emphasis this year was on quality assurance from the total quality management perspective," added Becich. "The review team

looked closely at where we were in our Quality Together program to measure our success in identifying customers (both internal and external) and areas in need of improvement."

Throughout the review process, JCAHO investigators asked questions about how well we anticipated potential problems, trained and prepared staff to avoid problems rather than to wait until

problems occur, and instilled a "corporate spirit" within the organization.

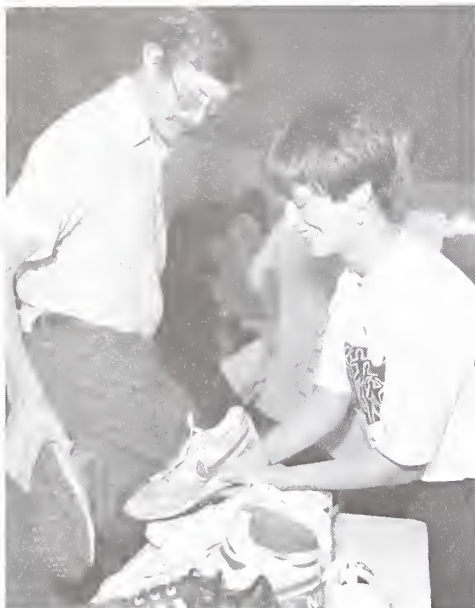
Preparation for the review involved the entire hospital. And the efforts paid off. The JCAHO reviewers were impressed with the teamwork and commitment of the staff. JCAHO is considering issuing the Clinical Center a special commendation, something that is rarely bestowed. ■

*After they completed their survey, the three members of the JCAHO review team said they would recommend our accreditation with no contingencies. In a letter to CC Department Heads, Acting CC Director Dr. Saul Rosen praised everyone for the hard work that made such a success possible:*

**"... Our visitors expressed great pleasure at the hospitality shown them, were delighted at the esprit of our staff and how far we have moved in continuous quality improvement relative to other hospitals, and spoke positively of how much they had enjoyed the Clinical Center and how much they had learned here.**

**"We have made substantial improvements since the last JCAHO review. These improvements are not smoke and mirrors, not Potemkin villages, and not jerry-built or jury-rigged. They are real. They arise from all your hard work, and all the hard work of the hospital and institute people who collaborate [with us]. My congratulations to you, to them—to all of us for a job well done."**

# CC Celebrates National Physical Therapy Week



*Photo by B. Branson*

Physical therapist enjoys discussing athletic shoes with CC staff.

Nike, Adidas, New Balance, Saucony!! High-fashion athletic shoes are in—but how do you know which shoe works best for you? Do you know what to look for? What is important in a shoe?

In recognition of national physical therapy week, Clinical Center physical therapists from the Rehabilitation Medicine Department answered these questions and many others at the Physical Therapy and Your Feet demonstrations on October 10 in the Clinical Center Little Theater.

“Our goal was to educate the public about the kinds of footwear available and the role physical therapists play in foot care,” says Clinical Center Senior Physical Therapist Lola Rosenbaum. “We showed people how to judge a shoe and determine, from among

the different brands, what is right for them.”

Athletes and would-be athletes crowded around the sports-shoe station for tips on athletics and foot care. Visitors examined many types of athletic shoes—aerobics, running, cross-country running, tennis, cross-training, and walking.

“We explained the different parts of the shoes we had displayed and what is important in them,” says Rosenbaum. “For example, ankle support and stability in a shoe are important for running, whereas for aerobics, a lighter shoe with more cushioning is important.”

Orthotics, special custom-made inserts that cushion, support, or stabilize, and thus correct foot problems, were an integral part of the day’s demonstrations. Physical therapists displayed different types of plaster molds to make orthotics and showed how they are placed into shoes. Parents and Clinical Center staff involved in pediatric care browsed through the pediatric orthotics and prosthetics information to learn more about correcting and preventing children’s foot problems.

How are foot problems evaluated and measured?

Answers Rosenbaum, “We created the evaluation techniques station to discuss what we [physical therapists] look at and how abnormalities in feet are measured.”

One evaluation technique demonstrated was sensations testing. A device resembling a

drill—with the bit being an extremely thin, blunt, plastic rod similar to a toothpick—is lightly pushed along the bottom of a patient’s foot. The patient tells the physical therapist when or if he or she can feel the sensations.

Says Physical Therapist Dee Lord, “This test is important because some patients with chemotherapy-induced neuropathy may experience a decline or loss of feeling in their feet and hands. If one of these people were to step on a thumb tack, for example, and not feel it, the ensuing wound could go

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## CC News

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News, article ideas, calendar events, letters and photographs are encouraged and can be submitted to Bldg. 10 room 1C255 or by calling 496-2563. Deadline for submission is the second Monday of each month.



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# Quality Expert Explains Revised Approach to Management

## *Dr. Donald Berwick Hosts Grand Rounds Lecture*

By Jan Lipkin

"Quality Improvement in the Healthcare Setting" was the subject of a lecture by Dr. Donald Berwick during the October 9 Grand Rounds Series. A recognized expert in applying methods of total quality management (TQM) to solving problems in healthcare organizations, Dr. Berwick laid out the fundamental postulates that make up the key concepts of TQM. Said Berwick, "TQM is an alternative methodology for managing complex systems.

Typically, most organizations operate under a method of "quality by inspection," that is, reacting to a problem within the system only when it exceeds a predetermined acceptable level. For example, Berwick told of reviewing the medical chart of an eight-year-old girl with a kidney infection. She had been on highly toxic broad-spectrum antibiotics for six days because urine specimen results had not been provided. When questioned, the resident explained the urine samples were lost. In fact, Berwick was told, the hospital has had a 4.1 percent rate of lost urine cultures. After a quick investigation, the samples could not be found. Each department claimed it was another department's fault.

"The only way the situation will improve," said Berwick, "will be when things escalate beyond the acceptable level of failure." If the rate jumped to 38 percent in a

week's time, the quality assurance team would jump in to ensure the problem got fixed, said Berwick. "But it would be likely that the team would aim to 'fix' the problem by reaching the old level of 4.1 percent—the assumption being that if things are stable, all is well," he concluded.

According to Berwick, there is a serious flaw in this management technique.

"When you wait for instability before reacting to a problem, the first question is, 'Who is to blame?' The hypothesis is that when instability is the issue, someone screwed up," he said. When management uses the quality-by-inspection approach, the staff gets defensive, and it sets up a cycle of fear and mistrust.

Total Quality Management takes a different approach.

"Seek ways to incorporate the continuous capability to improve," Berwick offered. Don't wait until something goes wrong and place blame. Rather, ask how a complex system full of good people can continually get better."

Following are some key TQM concepts:

### **Process:**

When something goes wrong, the agent of harm is not the staff, it's the design of the work. The source of the defect is the way the work is done, not the people.

### **View of the Worker:**

The organization must trust the worker. People do the best they can. Rather than resorting to exhortation when there are problems, supply the workers with

new skills so they understand the processes of work.

### **Cross-Functionality:**

All components in a complex system must work together to make the work process flow properly. Every part of the organization has an impact on the whole.

### **Role of leadership:**

Without the fundamental support of leadership, continuous quality improvement will not succeed.

Berwick, a pediatrics professor at Harvard Medical School, urged the audience to learn about TQM theory by reading the experts in the field. But he also stressed the importance of putting the theory into practice. Up to now, the Clinical Center focus on TQM has been developing vision and success statements, a part of the initial process. The message from Berwick: It's time to reach the customers and institute changes for quality. ■

### **Correction:**

Last month's edition of CC News should have said there are two groups of respiratory care practitioners for a total of 36 working in the CC.

National Radiologic  
Technologist Week  
is  
November 4-8, 1991

## Survivor's Ball

# CC Patient Hosts Fundraiser to Benefit PEF

By Karen Riedel

When he least expected it, he found it. Last year, Jeff Krulik, 30, a producer for the Discovery Channel, found a lump in his neck and was diagnosed with Hodgkin's disease—a cancer that attacks the lymphatic system.

For Krulik, that year was a difficult one. As a Clinical Center patient, he had his share of ups and downs. He also had a great deal of time to think about all the things he could do when he recovered from his illness.

A year later, Krulik, in remission, knew one thing for sure. Grateful for his "amazing" care at the Clinical Center, he felt compelled to reciprocate good fortune.

Following his release from the Clinical Center, one day after his 30th birthday in March, Krulik vowed to have an "outrageous" celebration.

"I wanted a big party and a fundraiser," says Krulik, from Bowie, Md.

"I am indebted to the NIH, so the Patient Emergency Fund (PEF) was the logical choice for a benefit. It was the least I could do." The PEF assists patients and families in meeting emergency expenses during their treatment at the Clinical Center.

Says Krulik, "I was really impressed with the Clinical Center. For such a massive facility with so many facets, it really works. It can be pretty awful being sick and in the hospital, but they [CC staff] do a pretty good job of bringing you into the family here. Everyone was

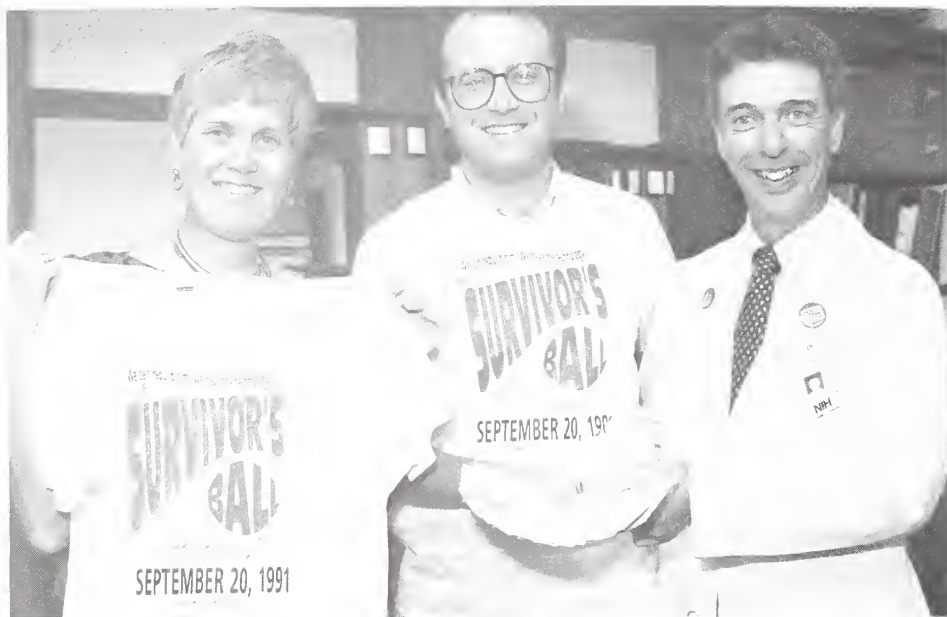


Photo by B. Branson

Jeff Krulik gives handful of checks for the PEF to Chief of Social Work Department Jim Sayers. Social worker Dale Boggs (left) displays one of Krulik's T-shirts.

amazing! I was made to feel comfortable even when I was very uncomfortable."

It took him several months of planning, but the Survivor's Ball, held at Cherry Hill Park in Prince Georges County, Md., was a success. More than 300 people turned out, and with a \$15 donation per person, Krulik raised about \$2,000 for the PEF.

"I really feel good knowing the proceeds from the benefit will help Clinical Center patients and families," he says.

"I love to organize events, so this was a labor of love," concedes Krulik. "I kept it a secret from my family and friends—no one knew what to expect! It was wild! I had a search light so everyone could find their way." He brought in sword swallowers from Coney

Island, N.Y., two balloon sculptors, a fire eater, and a band—among other attractions.

"I even had my own casino," he says, adding that nothing illegal took place. "Since it was a benefit, a lot of the performers offered reduced rates," he says. In addition, Krulik had commemorative T-shirts printed for all his friends—complete with the theme of the fundraiser ("We can rebuild him. We have the technology...") and his signature on the front.

"I would have had the party even if only 10 people showed up," he says.

"I am sure I will do something like this again for cancer survivors," he speculates. "This was the remission party—just wait until the recovery party in five years!" ■



## Did You Know?

Did you know that NIH is one of the U.S. Government's most respected federal agencies according to *Fortune* magazine? It's true! NIH was ranked among the best.

The Council for Excellence in Government, a nonprofit, nonpartisan organization of former senior federal executives who are

now in the private sector, asked its members to rate almost 90 of the most important government agencies. The 250 council members who participated in the survey had previously served in a wide range of agencies and departments. They rated agencies on four criteria: quality of management, quality of work

force, quality of service, and return on tax dollar. The three top agencies—NIH, the Federal Reserve System, and National Security Council—were rated “#1” on one or more of the criteria. NIH shared the top ranking for quality of work force.

Look for the article in the November edition of *Fortune*. ■

### PHYSICAL THERAPY *Continued from Page 2*

unnoticed and become infected.”

Everyone wants comfortable shoes, but for some of us regular shoes just will not do the trick. Physical therapists at the shoe modification station explained the

importance of providing comfortable shoes to accommodate foot abnormalities. They stretched and altered shoes, and placed ready-made inserts—for correcting minor foot

problems—into shoes. They displayed tools, such as the Role Eze, used to soften the hard parts of a shoe, and the pressure point stretcher, to make extra space for hammer toes or bunions.

Representatives from Richey Shoes, a Rockville specialty shoe store, joined the demonstration and displayed stylish supportive shoes and examples of corrective shoes from their store.

Clinical Center physical therapists provided copies of “foot-owner’s” manuals on general foot care, names of podiatrists and physical therapists in the metropolitan area, and for those interested in the field, information on local physical therapy schools.

Advises Rosenbaum, “it is very important to have proper fit and good support in the shoes you wear every day. Wearing high-heeled shoes or poorly-fitted shoes every day can lead to multiple foot problems. Taking care of your feet now can prevent foot pain in the future.” ■

## Bone Marrow Unit Under Construction



*Photo by E. Branson*

The new Bone Marrow Unit is under construction. Many people have contributed to the planning and organizing. Pictured left are key workers: Back row, left to right: Staff Nurse Kay Anderson, Clinical Nurse Gail Sullivan, BMTU Nurse Terri Wakefield, Metabolic Research Dietitian Patti Riggs; Front row, left to right: Chief, Clinical Nutrition Service Gloria Stables, Clinical Nurse Specialist Vicki Strider, Clinical Nurse Specialist Pat Griffith, and 8 East Head Nurse Priscilla Rivera.

# On the T

## CC Steering Committee Guides QT Process

It has been a year since the Clinical Center began "Quality Together" (QT), a process for continuous quality improvement. Over the course of the year, the QT steering committee has paved the pathway for total quality management.

The steering committee, composed of Clinical Center executive management, department heads, and facilitators, grew out of the TQM executive training last November.

The members are: Deputy Executive Officer for Technology and Training Steve Galen (also QT Director); Acting CC Director Dr. Saul Rosen; Acting Deputy Director Dr. Thomas Lewis; Assistant Hospital Administrator Maureen Stoppenbach (QT Coordinator); Radiology Managers Patrick McMahon (QT Coordinator) and Patrick Murphy (QT Coordinator); Deputy Executive Officer Lawrence Eldridge; Director for Nursing Kathryn McKeon; Deputy Director for Nursing P.J. Maddox; Chief of the Office of Communications Colleen Henrichsen; Management Analyst Jerry Macks; Medical Board Officer Dr. Martin Goldenberg; Assistant Hospital Administrator Warren Moyer; Budget Officer John Slovikosky; Executive Officer Raymond Becich; Associate Director for Quality Assurance Dr. David Henderson; Assistant Hospital Administrator Dottie Cirelli; Chief of Management Support Services Thomas Reed, and most recent members, Chief of the Department



Photo by E. Branson

Steering committee members from back left to right: Alberta Bourn, Dr. Martin Goldenberg, Kathryn McKeon, Dr. David Henderson, Steve Galen (QT Director), Dr. Saul Rosen, Warren Moyer, Jerry Macks, Thomas Reed; front left to right: Lawrence Eldridge, Colleen Henrichsen, Maureen Stoppenbach (QT Coordinator), Dottie Cirelli, Patrick McMahon (QT Coordinator).

of Transfusion Medicine Dr. Harvey Klein and Chief of the Nutrition Department Alberta Bourn.

The steering committee, which meets weekly, functions as a team to direct and implement the QT process. The committee discusses policy and resource requirements for QT, studies the Clinical Center's strategic plan, including the quality vision and success statements, and reviews proposed cross-functional quality-improvement projects to assure alignment with broader NIH objectives. As a team, the steering committee is learning to employ the principles of total quality management in its own work.

"The steering committee has done a lot to give guidance to the process in other areas of NIH and has set the tone for what we're trying to accomplish across the

Clinical Center," says Ray Becich.

The steering committee establishes organizational policies and allocates supplies and resources needed to support QT implementation. The steering committee also makes decisions about ongoing TQM training needs. In addition, each committee member is responsible for leading a champion project.

Committee members designated as QT coordinators advise Clinical Center departments. To avoid duplication, ideas for quality team projects are filtered through the coordinators. The coordinators keep the steering committee informed.

"The steering committee is a very active, enthusiastic group that has taken hold of the mission with both hands and is really moving ahead," says committee member Harvey Klein. ■



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## CC News Survey

1. Do you read CC News?

Yes ☐

No ☐

How Often?

Every Month ☐

Almost Every Month ☐

Sometimes ☐

2. Do you enjoy the newsletter?

Yes ☐

No ☐

Comments:

3. On a scale of 1 to 5 (with 1 being the lowest and 5 being the highest), how would you rate CC News?

◆ overall interest of newsletter      1    2    3    4    5

◆ informational content of articles    1    2    3    4    5

◆ length of articles                      1    2    3    4    5

◆ number of pictures                    1    2    3    4    5

◆ length of newsletter                 1    2    3    4    5

◆ quality of newsletter                1    2    3    4    5

4. Would you like to see anything that is not currently included in the newsletter?

Yes ☐

No ☐

Comments:

5. What would you prefer not be included in CC News?

6. Do you feel CC News gives enough information about ?

◆ CC policies and procedures            Yes ☐

No ☐

◆ CC department programs and activities    Yes ☐

No ☐

◆ activities of CC coworkers                Yes ☐

No ☐

◆ coworkers' awards and accomplishments    Yes ☐

No ☐

◆ other:

Please write any other comments or questions pertaining to the newsletter on the back of this page.

Thank you. —CC Communications

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Editor, CC News  
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